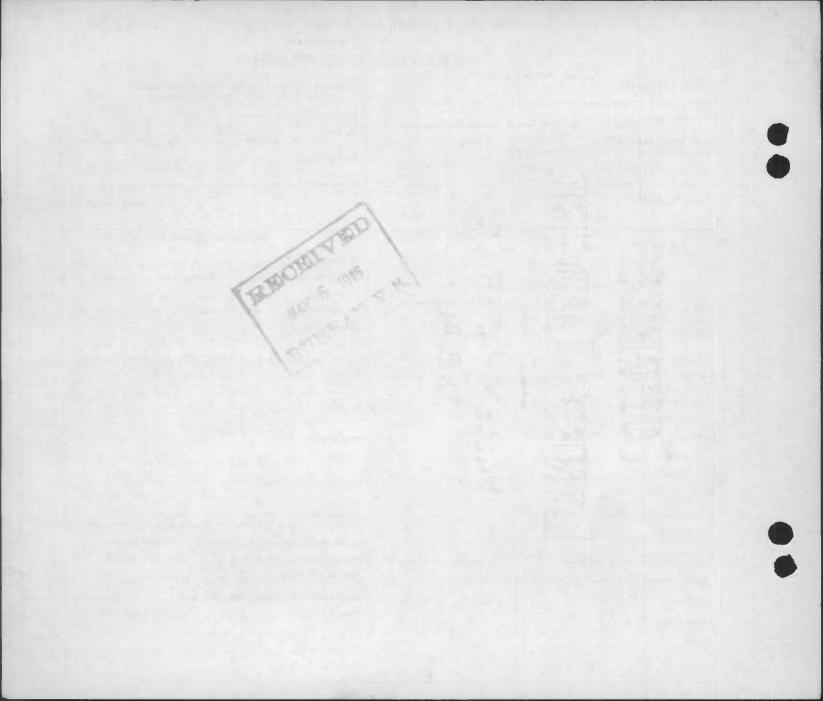
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2411 N. Charles St., Baltimore 159

## 04220

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Areas 1			***************************************			
City or town	January or town lin	n limits, write RURAL and give nearest town)  State  County  City or town  Ann  City or town			ursl	
How long in above place of death?			• • • • • • • • • • • • • • • • • • • •	City or town (If outside city or town limits		
Ite Educa	do brea	udy	much Arpolas	Street No(If rural, give		• • • • • • • • • • • • • • • • • • • •
New long in bosnital o	r Institution?6	lus	<i>y</i>			
		***************************************	***************************************	2.(a) If veteran, name war	***************************************	••••••
3. (a) FULL NAME Boly			Boly	Banus	3. (b) Social Security	Number
4. Sex	5. Color or race	b.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	7 - 1
mule	Muk	9	Jourt	20. DATE DF DEATH and 11		at 4 0 M
				21. I CERTIFY that death occurred on the date above		
6.(0) Name of husband	or wife		***************************************	agrad 11 19.4		
7. Birth date of		6.(	c) If alive, give ageyears			
deceased (mo., day.)	11) april 11	4:	5 -	and that I last saw halive on		
8. AGE: Years		Days	If less than one day	Immediate cause of death		OURATION
				1		
7.	/ / /		0 44 774 60	alex 6/2 mints		
9. Birthplace	(Town, e	ounty, and	ety remail to July	Due to		***************************************
	2 /				•••••	100000000000000000000000000000000000000
in. Osual occupation		**************	••••••••••••••••••	Due to	******	
11. Industry or busines				***************************************	***************************************	
12. Name	y Home	4 1	Bonus	Other conditions		
13. Birthplace	mp					
ER	Donn m	worl		(lneiude pregnancy within 8 m	ionths of death)	
14. Maiden name 15. Birthplace	T.			Major findings of operations	********************************	
El 15. Birthplace	Phungl	mere	end.		Date of op	
16. Informant	Sum Hr	net	Bours	Autopsy results		
	mesos Am			PHYSICIAN: Please underline the cause to whi		
^	•			22. VIOLENCE: If death was due to external caus	ses, fill in the following;	
17 Survey	or removal, Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or cremato	ry . U. A. A. A. T. J. J. A. T.	matylum Cumling Omen Am pup Where did injury oc			(County)	(State)
Location	***************************************			Injured at home, farm, industry, public place (who	ere?)	
18. Funeral director	Sale Dr	alun	ul	Means of Injury	Injured at work?	
Address	mon An	e	0()	8 200	7-1151114	
0,0		T	0.101	23. SIGNATURE THE Court	M. D. c	or other
19. Ond / 2	19.45 gistrar)	e so	alca 10, Tauxo	Address man stome		me 12.45



2411 N. Charles St., Baltimore

159

		CERTIFICA	IE OF DEATH Reg. Dist.	. No
1. PLACE OF DEATH:  County or fown		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town (If outside city or town limits, write RURAL and give nearest town)		
Hu Tours w me			Street No	********************************
How long in hospital or institution?		/	2.(a) If veteran, name war	
3. (a) FULL NAME		ours		Security Number
4. Sex 5. Color or race	-	e, married, widowed, or divorced	MEDICAL CERTIFICATION 1	
B.(6) Name of husband or wife		c) If allive, give ageyear	21. I CERTIFY that death occurred on the date above stated; that I atte	14 11 19 43
deceased (mo., day, yr.) and	11 45		Immediate cause of death	
8. AGE: Years Months	Days	1f less than one day	Ormalin chies	
10. Usual occupation	9,		Due to	
14. Malden name. O A.	moor	<u>د</u> .	(Include pregnancy within 3 months of death)  Major findings of operations	on
18. Informant hun June >		mad	Autopsy results	
(Burial, cremation, or removal. Whi	T	201 45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following accident, suicide, or homicide, Date  Where did injury occur? (City or town) (County)	of
Location O mm A	mu n	no	tnjured at home, farm, tndustry, public place (where?)	
18. Funeral director & ale K	usline	U,	Means of Injury Injured at w	rork?
Address And 19. (Date rec'd by registrar)	r me	relia P. Jaios	23. SIGNATURE TENESTO MENTE	M. D. or other
(Date rec'd by registrar)	48	- Gallus M. A Registrar	Address Nurse 39 mg Date	e signed Thefl2 70

RECEIVED

MAY 5 1945

BUREAU V.S.

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Every item of i

INK. please

UNFADING Physicians:

ASE

## MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore 44.

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL NEAR and give town) Sireat address, hospital, or insfilution: (If outside city of town limits, write RURAL NEAR and give town) Educa to me candy Street No. Slay in hospital or inst. (yrs., or mos., or days) \_ Stay in this community (yrs., or mos., or days)\_ 3. (a) FULD NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION male 21. LCERTIFY that death occurred on the date above stated; that I altended deceased from 7. Birth date of deceased (mo., day, yr.) Immediate cause of death DURATION 8. AGE: Months Days It less than one day a ceselo (Town, county, and state) 11. Industry or business Other conditions. (Include pregnancy within 3 months of death) PHYSICIAN PLAINLY, WITH especially importan Please underline fhe cause to which death should be charged statistically. ZZ. VIOLENCE: it death was due to external causes, fill in the tollowing Accident, suicide, or homicide. SE WRITE I Where did Injury occur?\_\_\_ (City or town) (County) (State) Injured at home, tarm, Industry, public place (where?)\_\_\_\_ Means of Injury injured af work? M. D. or other Dale signed that 27.4 (Date rec'd by registrar)



2411 N. Charles St., Baltimore 131-04

## CEDTIFICATE OF DEATH

		CERTIFICA	Reg. Dist. No.
How long in above place Hospital, institution, of How long in hospital	SO 1  UTI: outside city or town lin ce of death? or street address where d	Derset Sfield alta, write RURAL and give nearest town) 33-3-11	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAM		essie Olivia Douglas	3. (b) Social Security Number 213-16-2373
4. Ser Female	5. Color or race Colored	6.(a)Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 430 A
	Ion		21. I CERTIFY that death occurred on the date above stated: that I stjended deceased trom  19
8. AGE: Year 33	3	Days It less than one day hrsmin.	Immediate cause of death DURATION
9. Birthplace	Crabpic Seafoo Samuel Do Deals Is	od ouglas Land Md	Bue to  Dither conditions  (Include pregnancy within 3 months of death)
14. Maiden name 15. Birthplace	Smith Is	sland Md	Major findings of operations
16. Informant	Cora Dou		Antopsy results
(Burial, cremation	Crisfi	Date thereof	22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director	John A	Bradshaw eld Md	Means of Injury tojured at work?
19. Oprell (Dage rec'd by re	/6 19 45 egistrar)	C. E. Callins, M. D. Registrar	Addres Lisliace Wat Date And Toy

WRITE PLAINLY, WER UNFADING INK. Supply every item of information carefully. The correct are is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE VS A15

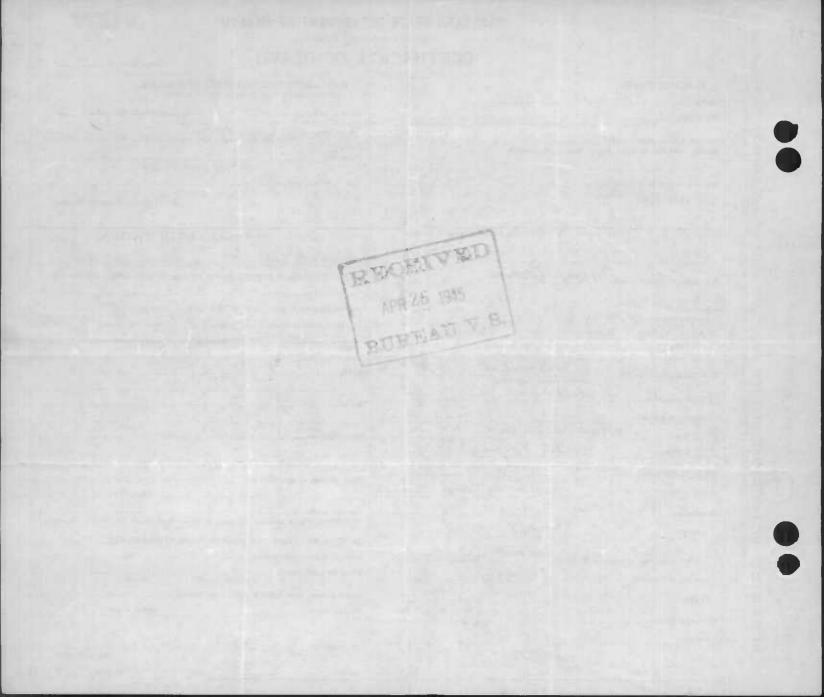


## MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore

04224

CERTIFICAT	TE OF DEATH Reg. Dist. No. 2 CC
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  State Many and County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Johnson Strwark Evans	3.(b) Social Security Number
4. Sex 5. Color or race 5. (a) Single, married, widowed, or divorced make married	MEDICAL CERTIFICATION  20. DATE DF DEATH. CAPACIL S. 1945. 21
8.(6) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  Control 19.4.4. to Control 5. 19.4.5.  and that I last saw himse alive on Consolid 5. 19.4.5.  Immediate cause of death Control 19.4.5.  DURATION  Due to  Due to
12. Name Johnson Evons 13. Birthplace Smith Island Ind  14. Malden name Polly Tyler  15. Birthplace Smith Island Mod	Other conditions
16. Interment Mrs. Mary Evorus  Address Ewell Wed	Autopsy results
17. Burial Chal 1 1945  (Burial, cremation, or repoval. Which?)  Cemetery or crematory. Well Cemetry	Accident, suicide, or homicide
Location Smith sland Ind  18. Funeral director OM a Drodsham	injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?
Address Cristald Fr d  1. This limit 1945 - Carrie Litching (1) Mis rec'd by registrar)  Registrar	23. SIGNATURE THE ENDOUGH M. D. or other  Address Bwill Maryland Date signed 1-9-4.5

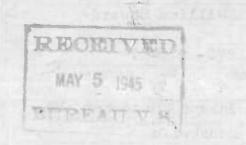


## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore /s/25

04225

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Md Somerset  County  City or town Crisfield  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war
3.(a) FULL NAME	
Daisy Emily Howard	3. (b) Social Security Number
Female White  5. Color or race Widowed, or divorced Widowed	MEDICAL CERTIFICATION 7,367
William Howard	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(0) Name of husband of wile	mel 1 19.45 to Ford 3 19.45.
7. Birth date of 3 OFFO 6. (c) If alive, give age	and that I last saw her alive on One 2 19.45
7. Birth date of deceased (mo., day, yr.) 1879- 3 - ?	
8. AGE: Years Months Days if less than one day ?	Immediate cause of death DURATION (cuels.
Smith Island Somerset, Md.	Mena 0
9. Birthplace Smith Island Somerset, Md. (Town, county, and state)	Due to
10. Useal occupation	Due to Chamie Dut reglucio 2 years
11. Industry or business  William Evans	Climo niprendelis
William Evans  12. Name. William Evans  13. Birthplace Smith Island Md	Other cooditions
	(Include pregnancy within 3 months of death)
Emily Evans  14. Malden name Smith Island Md  Smith Island Md	Major findings of operations.
Surwood Howard	Date of op
Address Crisfield Md	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof Apr 6 1945  (Burial, cremation, or removal, Which?)  St. Pouls comete pro-	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Marion Md	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director. John A Bradshaw  Crisfield Md	Means of injury Injured at work?
19. 4/5 18 4 J Jurelia 7. Taux 400 (Date rec'd by registrar)	23. SIGNATURE Surger O Cullium 70 V  M. D. or other  Midress Museum Oti. Date signed Alfred 5-45



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

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ŧ	0.0	4	Z	1.	O
0			-	100	U

Reg. Dist. No. 27

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Somuset	(For newborn infanta give residence of mother)
Cily or town	State Maryland County Domings
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Her. M.C. Hossital - Crusheld Md.	Street No.
	(If rural, give LOCATION)
How long in hospitator institution?	2.(a) If veteran, name war
3. (a) FULL NAME -	3. (b) Social Security Number
William hristopher John	mon 213-12-5675
4. Sex 5. Color or race b.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored marriel	april 27 45- 11 A
	2D. DATE DF DEATH While 27 1945 at 11 A M
6.(b) Name of husband or wife Caleanor Juliuson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth dale of	april 21 1945 10 yrd 27 1949
	and that I last saw harmalive on all 2
accounce (mei) and the	Immediato cause of death
0.710	acus Die 7 Heut
38 10 36 deahrsmin.	
9. Birihplace	Due to Kulm Oneman & dys
1D. Usual occupation	
11. Industry or business	Due to
MI LO P	
= 41 - 4 )	Other conditions
as 13. Birthplace Upper tarment has	(Include pregnancy within 3 months of death)
置 14. Maiden name	Major findings of operations
15. Birthplace Apper Farmint md.	Date of op.
8/11/11/11/11/11/11	
18, Informant	Autopsy results
Address Khausu Ma.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Durial Date thereof May 1 1945	
(Burial, cremation, or removal, Which?) (months) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Hamily Cometary	Where did injury occur?
Location Marroy my	Injured at home, farm, industry, public place (where?)
18. Funeral director Les W Selgherace	Means of Injury Injured at work?
18. Funeral director.	4
Address Mariord Mg ()	23 SIGNATURE Jerry & Coulling Min
4/30 my Churcha 17 town	M. D. or other
(Date rec'd by registrar)	Iddres My ma do mo nate signed and 2845



1. PLACE OF DEATH:

# WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

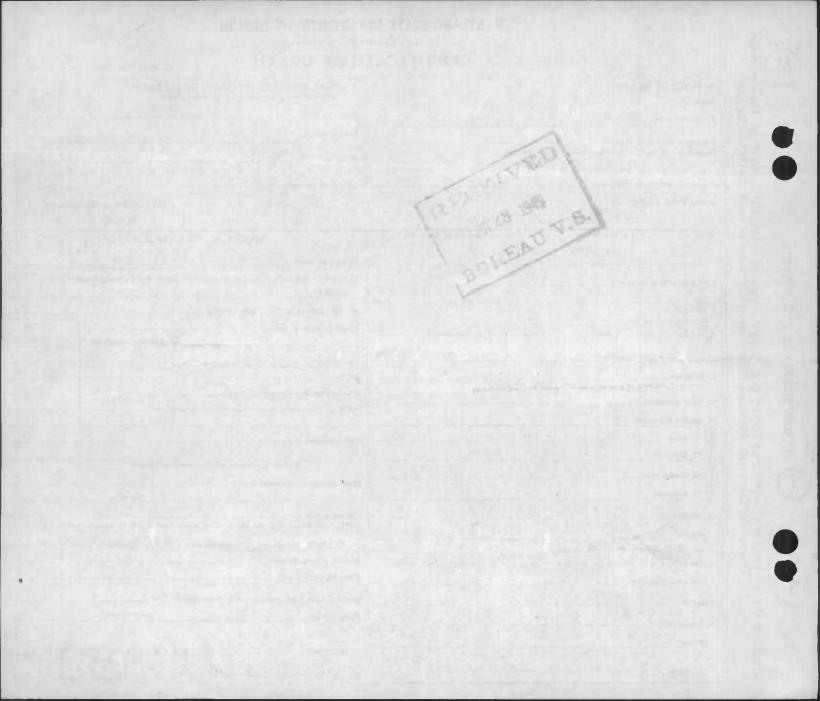
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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0

2. USUAL RESIDENCE (HOME) OF DECEASED:

County	DOMET	200	***************************************	(For newborn intants give residence of mo		
Cily or town	Crisfie	1d	RURAL and give nearest town)	State		
(Ii	f outside city or town l	limits, write I	RURAL and give nearest town)			
			**************************************			
	or streel address where			Street No. R. F. D.		
				(If rural, give L	OCATION)	
How long in hospital	or Institution?			. 2.(α) If veteran, name war		
3. (a) FULL NAI	ME				3. (b) Social Security	Number
	William				none	
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CER	RTIFICATION	20
Mule	White	Di	ingle		1 %	.30 4.1.
	1			20. DATE OF DEATH April 18,1	19	, at
6.(b) Name of husban	id or wife	none	<u> </u>	21/Y CERTIFY that death occurred on the date above	slated; that f altended decea	sed from
				Jace 15 194	5 10 mel 68	1845
7. Birth dale of		1 5,18	(e) if alive, give ageyear	and that I last saw handlive on the	1.8-	1943
deceased (mo., day	, 31.7	-		Immediate cause of death		DURATION
8. AGE: Yea	ars Months	Days	It less than one day	acul De 7 2	yeur	
64		15				
	Crisfie	1d . Md	ð <b>,</b>			
9. Birthplace	(LOWB.	county, and	state)	Ocean Dut me		
10. Usual occupation	term	an				1
				Due to. Chesan March	- late	
f1. Industry or busine		7.4:	ison	-	***************************************	***************************************
置 f2. Name		11 6 77 04	75 on	Other conditions		•••••
13. Birthplaco	.id.	71 1 2 2 2		(Include pregnancy within 3 more		
14. Malden same	Nancy	Sterl:	1119			
E	IId	*****************	***************************************	Major findings of operations	***************************************	
				-	Dale of op	
f6. Informacl	Ethel G	, Gord;	Y	Autopsy results		
Address	RFD Cri	sfiel	d, Md.	PHYSICIAN: Please underline the cause to which	h death should be charged :	statistically.
	47		4/27/45	22. VIOLENCE: If death was doe to external causes	s, fill in the following;	
(Burial, crematio	on, or removal. Which?		eof 4/21/45	Accident, suicide, or homicide	Date of	
	I will I	A DUL.		Where did injury occur?(City or town)		
			•••••••••••••••••••••••••••••			
Location			······································	Injured at home, farm, industry, public place (when	9?)	
19 Cunoral dispeter	Loward	H. H	ubbara	Means of Injury	Injured at work?	
	200	TH D'U	., Orisfield,			1
Address		-		23. SIGNATURE QUEEN O COLO	ellessen Der	9 -
1/2.0/2	15 to	60	Quis, m. A	di -	М, D. о	or other
(Date rec'd by r	45 19 Co	ye parining	Registrar	Addression Do Ma	Date signed	Xil 20.45



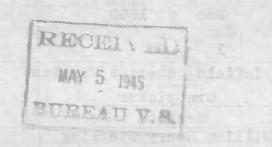
## MARYLAND STATE DEPARTMENT OF HEALTH

## 2411 N. Charles St., Baltimore 924 CERTIFICATE OF DEATH

04228

			-	1	_
Reg.	Dist.	No.	500	6	5

1. PLACE OF DI	201	nerset	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:
City or town(If	1:79	isfield Rual mits, write RURAL and give nearest town) 17-1-22	State Md Crisfiel	Somerset
Mospital, Institution, o	or street address where	dealh occurred:	Street No(If rural, give	LOCATION)
	or Institution?		2.(a) It veteran, name war	
3. (a) FULL NAM	1	Bulah Maddox		3. (b) Social Security Number 217-05-2582
Female	Negro	6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CI	ertification 19.45 at 125 P
		vard Maddox 6.(c) It alive, give ageyears 7 1898	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended deceased from
deceased (mo., day, 8. AGE: Year		Days If less than one day 22hrsmin,	Immediate cause of death Edou.	3/20/47
9. Birthplace	(Town,	Somerset Maryland connty, and state) opicker	Due to Milial mouff	riency 4/19/45
11. Industry or busine	Sea	afood	Due to	
12. Name		enry Sterling	Dther conditions	
14. Maiden name	Almuria Oxford	***************************************	(Include pregnancy within 3 m	
16. Informant		na Sterling	Autopsy results	
(Runial exemption	ial Which?	Date thereof May 2 1945 (month) (day) (year)	22. VIOLENCE: It death was due to external cau Accident, suicide, or homicide	Date of
Location	Crisfi	Leld Md	Injured at home, tarm, industry, public place (wi	nere?)
18. Funeral director	John	A Bradshaw	Means of Injury	Injured at work?
Address	Cris	efield Md	23. SIGNATURE W. J. Ba	Melent, Zu. E.
19. Date rec'd) y re	19.43 egistrar)	66,6 allus M. Registrar	B a + 1 + 6 A	M. D. or other Date signed 571/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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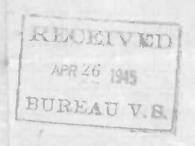
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

(14229 Reg. Dist. No. 269

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
County Somerset	State Maryland county Someralt		
(If outside city or fown limits, write RURAL and give nearest town)	City or town Ohiole md.		
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
	Street No		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Edgard Maline	218-05-8548		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W married	20, DATE DE DEATH ACCOUNTY TO ME TO THE STATE OF THE STAT		
6.(b) Name of husband or wife Della Malone	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	19		
7. Birth date of deceased (mo., day, yr.) September 1. 1886	and that Host com h		
8. AGE: Years   Months   Days   tf less than one day	Immediate cause of death DURATION		
59 7 1hrsmin.	acute coronary		
9. Birthplace (Town, county, and state)	Due to disease		
2			
	Due to		
1t. Industry or business			
12. Name Olegander Molone	Dither conditions		
# C 10 500 1	(Include pregnancy within 3 months of death)		
E 14. Malden name Sally	Major findings of operations.		
E 15. Birthplace Somercet	Date of op		
16. Informant Mrs Welles Malone	Anteppy results.		
Address Oreole, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
(Burial, cremation, or removal, Which?)  Date Mercof Cpril 4, 1948 [month) (day) (year)	Z2. VIOLENCE: If death was due to external causes, till in the following:     Accident, suicide, or homicide		
Cemetery or crematory A. A. M. Craetura	Where did Injury occur?		
810. m. 0	Injured at home, farm, industry, public place (where?)		
Location Caracter Language	Means of injury 1800 and 1800 injured at work?		
18. Funeral director Wals Washull	means of final and an admit		
Address, Princess agune md	Treny M. Loutofron Mos		
10 spl 4 10 40 (mas 3. Bennett	23. SIGNATURE M. D: or other		
(Date rec'd by registrar) Registrar	Address Date signed A		



MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

How long in above place of death?..

How long in hospital or institution?. 3. (a) FULL NAME

6.(b) Name of husband or wife...

Years

(Burial, cremation, or removal. Which?)

(Date rec'd by registrar)

Cemetery or crematory.

4. Sex

7. Birth date of deceased (mo., day, yr.)

9. Birthplace...

10. Usual occupation .... 11. Industry or business

> 12. Name..... 13. Birthplace 14. Malden name 15. Birthplace

8. AGE:

FATHER

Hospital, Institution, or street address where death occurred:

Months

(If outside city or town limits, write RURAL and give nearest town)

Days

(Town, county, and state)

If less than one day .....hrs.

7(month) (day) (year)

23. SIGNATURE.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charle

**CERTIFICAT** 

s St., Baltimore		
E OF DEATH	Reg. Dist. No. 26	5
2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
60/	County	T
City or town	nits, write RURAL and give nearest	iown)
Street No	***************************************	*******
(If rurai, g	ive LOCATION)	
2.(a) i) veierali, liame war		
	3. (b) Social Security Number	er
MEDICAL	CERTIFICATION	
2D. DATE DE DEATH.	194.5 at 8	120A #
21. I CERTIFY that death occurred on the date :	above stated; that I attended deceased fr	
mark 30	194 b 10 CM	19.4.5
and that I last saw h	Cycry 10	1943
Immediate cause of death ?	-le 9	DURATION 6/45
	4	4/11/45-
Due to tracting of Le	mar 31	30/45-
	7	<u> </u>
Due to	***************************************	
Other conditions		*************
(Include pregnancy within	8 months of death)	
Major findings of operations	***************************************	**************
	Date of op	
Autopsy results	which death should be charged statisti	cally.
22. VIOLENCE: If death was due to external c	causes, fill in the following:	
Accident, suicide, or homicide.	Somered my	43
Where did injury occur? Cufie Of	(County) (Stat	e)
Injured at home, farm, Industry, public place (		*************
Means of injury Fall on flear	u Injured at work? No	

Markey Ju. w

M. D. or other . Date signed . Af/12/

correct age WITH UNFADING INK. Supply every item of information carefully. The co important. Physicians: please write the causes of death clearly and legibly. PLAINLY, v is especially WRITE PLEASE



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94-0.

1. PLACE OF DE	ATH:	Oomon	- of	2. USUAL RESIDENCE (HOME) OF	DECEASED:	
		Crist	Pield	(For newborn infants give residence of n	(For newborn infants give residence of mother)  State Md county Somerset	
City or town			URAL and give nearest town)	City or town. CTIST (If outside city or town limits,	ield write RURAL and give nes	
How long in hospital or institution?				(If rural, give I	LOCATION)	000.00000000000000000000000000000000000
3. (a) FULL NAME				all with the rate of the same rate.	3. (b) Social Security	Number
Jefferson Swift					None	11 dillioct
Male	5. Color or race White		e, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. A PARAL 28 19.4.5./J		at 5.15 A.
6.(b) Name of husband or wife. Annie Swift  6.(c) If alive, give age 71 years  7. Birth date of deceased (mo., day, yr.) Mch 8 1864			e) If alive, give age	21. I CENTIFY that death occurred on the date above	e stated; that I attended dece	ased from
AGE: 81	s Months	Days 19	If less than one day	Immediate chase of death	lurenz	DAMATION
8. Birthplace ? Somerset Maryland (Town, county, and state)  1D. Usual occupation. Retired				Due to		
11. Industry or business  12. Name Frank Swift  13. Birthalace Somerset County Md				Dither conditions		
41	Sarah	Mattl	news	(Include pregnancy within 3 m		
				-	Date of op	
16. Informant Mrs Fletcher Swift Address Crisfield Md				Antopsy results.  PHYSICIAN: Please underline the cause to whi	ch death should be charged	statistically.
Burial Bate thereot April 29 19 (Burial, cremation, or removal, Which?) (month) (day) (year)			April 29 19 (month) (day) (year)	435 VIOLENCE: If death was due to external caus Accident, suicide, or homicide	es, filt in the tollowing; Date of	
Cemetery or crematory Mariners cemetery			emetery	Where did Injury occur?(City or town)	(County)	(State)
Location	Crisf	ield	Md	Injured at bome, farm, Industry, public place (who		
18. Funeral director			adshaw	Means of Injury	Injured at work?	1/2
19. Hz 8/	45 19.	66	Colleus M	23. SIGNATURE CHEAN. I K	M. D. M. D. Date signed	or other



PLEASE

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## MARYLAND STATE DEPARTMENT OF HEALTH

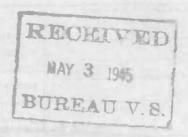
2411 N. Charles St., Baltimore (18)6

04232

## CERTIFICATE OF DEATH

og. Dist. No. 26/

1. PLACE OF DEATH: Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  Md • Some rset		
City or town. (If outside city or town limits, write RURAL and give nearest town)	State		
How long in above place of death? Life	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:			
	Street No. (if rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war NONE		
3. (a) FULL NAME			
William Roe Whittington	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male   white   widower	20. DATE OF DEATH. April 1, 1945 19 14 9 4 M		
6.(b) Name of busband or wife Olive May	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
	July 1 1943 10 chap ! 1943		
7. Birth date of deceased (mo., day, yr., January 29, 1869	and that I last saw h alive on a great		
	Immediate cause of death Leur Del J. Hart DURATION		
8. AGE: Years Months Days If less than one day	Milder 100g		
76 2 3hrsmle.			
9. Birthplace Somerset Co., Md.	Oue to Chuse Dut reefuls		
(lown, county, and state)	Clarano menulos		
10. Usual occupation Retired Farmer	Bue to		
11. Industry or business Self	996 10		
E 12 Name Robert H. Whittington	Other conditions		
E 12. Name. Robert H. Whittington  13. Birthptace IId.			
M Tarithia Tankford	(lactude pregnancy within 3 months of death)		
play 1.70 MONEGA MARKETONIA CONTROL OF THE PROPERTY OF THE P	Major findings of operations.		
15, Birthplace Md.	Date of op.		
R. Brice Whittington	Agtopsy results.		
	PHYSICIAN: Please naderline the cause to which death should be charged statistically.		
Address Marion Station, Ma	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burial Date thereof 4/5/45 (Burial cremation, or removal, Which?)  (Burial cremation, or removal, Which?)	Accident, suicide, or homicide		
St Tanls			
Gemeicry or crematory	Where did injury occur?		
Location Marion Station, Md.	Injured at home, farm, Industry, public place (where?)		
18. Fueeral director Howard H. Hubbard	Means of Injury Injured at work?		
Address 306 Main St., Crisfield Md.	4 +0 -111		
4/2 1-00 1.191	23. SIGHATURE JANAGE TON CHILLIAM M. D. or other		
19. (Dato rec'd by registrar) 19. 44 Jurelia 10, Jaloso Registrar	Address Mann Sto 20- Date signed April 2.43		



2411 N. Charles St., Baltimore (31-2)

Date signed Ap 30 45

04283 T

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
Anna Jones Winder.	3. (b) Social Security Number 219-07-60 9 3
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced female Colored Married	MEDICAL CERTIFICATION  20. DATE OF DEATH. April 274 1945 at 6: 405 M
6.(b) Name of husband or wife Addition (6.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) May - 6 - 18 7 2  8. AGE: Years Months Days if less than one day  7. 2 1 2 0 hrs. min.  9. Birthplace Road (Town, county, and state)  10. Usual occupation Additional State (11. Industry or business	21. I CERTIFY that death opcurred on the date above stated; that I attended decoased from  A. M. 1944. to A. 27 1945  and that I last saw h. p.t. alive on A. 27 1945  Immediate caose of death.  DURATION  Due to A. M. 2000 A. 1940 A. 1840
12. Name Diayson Jones  13. 8irihplace Somerset Co.  14. Maiden name Matilda Funace  15. 8irihplace Somerset Co.	Cher conditions Chronic Partentition Smiles  (Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Thomas Wisselet.  Address Polk Road, M  17. Busial, cremation, or removal. Which?)  Date thereof. 5	Actorsy results
Location Bhance, Milk.  18. Funeral director William James & Son  Address Trinces Ame, M.	Where did injury occur? (City or town) (County) (State)  tnjured at home, farm, industry, public place (where?)  Means of injury tnjured at work?  23. SIGNATURE M. D. or other
10 1 10 10 10 10 10 10 10 10 10 10 10 10	

Registrar

Address Pine anne me

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNF is especially important.

PLEASE WRITE

Kill M. Charles St., Reliterers

## CERTIFICATE OF DEATH

TO LOS OBSTRUCTORS

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Section by Maria

St. (b) Serial Security Number

MEDICAL CERTIFICATION

Charles Statement and March 2012 and a Committee of Young Committee of Young Committee of Young Committee of the Committee of

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AND THE RESERVE OF THE PERSON NAMED IN COLUMN

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